Children's Hospital Los Angeles
Alexander R. Judkins, MD
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Pathologist–in-Chief and Laboratory Director
Phone: 323.361.2423, 877.543.9522
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CAP Number: 9277593

Children's Hospital LOS ANGELES
DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
877-KIDZLAB

Ship To:
Department of Pathology and Laboratory Medicine
Children's Hospital Los Angeles
4650 Sunset Blvd.
Duque Bldg., 2nd Floor, Room 2-290
Los Angeles, CA 90027

FOCUSED EXOME SEQUENCING TEST REQUISITION

All information must be completed before sample can be processed.

PATIENT INFORMATION

_____, _____ _____
Last Name First Name MI

DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F ☐ Unknown

Ancestry: ☐African American ☐Central/South American ☐Native American
☐Ashkenazi Jewish ☐Eastern European ☐Northern European
☐Asian ☐Hispanic ☐Pacific Islander
☐Caribbean ☐Middle Eastern ☐Western European
☐Caucasian ☐Other (Please specify):_____

MRN: _____

CLINICAL INFORMATION

Clinical Diagnosis or Indication for test: _____

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY): _____

Time Collected: _____ ☐AM ☐PM Collected By: _____

Specimen ID: _____

SAMPLE TYPE (Please select one):

☐ **BLOOD IN EDTA (lavender top tube)**

☐ **ISOLATED DNA (specify source)** _____

☐ Concentration: _____(ug/mL) Volume _____(uL)

(DNA extracted in accordance with CAP/CLIA guidelines)

Patient has had a transfusion? □ Yes □ No If "Yes," please contact the lab.

TEST ORDER

☐ **Focused Exome Sequencing (CPT Codes 81415, G0452)**

REPORTING INFORMATION

Hospital/Laboratory Name: _____

Ordering Physician: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Phone: _____ Secure Fax: _____

☐ Send Duplicate Report to:

Physician: _____

NPI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BILLING INFORMATION

PLEASE NOTE: We only bill the submitting institution. We do not bill third parties.

Referring Institution

CHLA Account Number* : _____

Hospital/Laboratory Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact Name: _____

Phone: _____ Fax: _____

Email: _____

*See reverse side to open an account with CHLA Laboratory.

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:

Date Received: _____/_____/_____ Time Received: _____: _____ AM /PM

Technician: _____

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SHIPPING AND HANDLING INSTRUCTIONS

BLOOD:

1. Collect blood in EDTA (lavender top tube). Child or Adult: 3-5mL
2. Ship sample same day (overnight). **DO NOT FREEZE**. Blood must be received in laboratory within 2 days of collection.
3. Please call the laboratory to discuss volumes for a newborn.

DNA:

1. Ship 2-4ug DNA extracted in accordance with CAP/CLIA guidelines in 1.5 mL screw cap microtube.
2. Ship sample with sufficient ice to maintain a temperature of 4°C.

GENERAL INSTRUCTIONS:

1. We will notify you within 24 hours of receipt if we are unable to perform testing due to compromised sample integrity.
2. Please notify us ASAP in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.
3. We accept samples Monday through Thursday from 7:00 AM to 4:00 PM PST. We also accept samples on Friday by 11:00 AM PST. All packages should be mailed for receipt by Friday. Holidays and weekends should be taken into consideration before mailing samples.
4. To ensure sample integrity, use of the following delivery priorities is highly recommended. **Please provide tracking number at the time of shipment.**

   FedEx: First Overnight
   UPS: Next Day Air Early AM

5. **Your specimen is important to us. Please email the tracking number to PLMTrack@chla.usc.edu at the time of shipment and include contact information to be used in the event your sample is not received.**

NOTE: The Clinical history form is "Mandatory". Please include a clinic note. If interested, a list of genes may be provided to the lab with the form or via email at askcpm@chla.usc.edu.

BILLING INFORMATION

1. For billing inquiries, please call (877) 543-9522.
2. If you are interested in opening an account with Children's Hospital Los Angeles, please contact our Laboratory Service Center at (877) 543-9522. Please be prepared to provide the following information:
   a. Name of Institution
   b. Address
   c. Phone/Fax Number
   d. Laboratory Contact Name and phone number
   e. Accounts Payable Contact Name and phone number
3. Third party billing is not offered at this time.

CHILDREN'S CONNECT

For all other inquiries, please contact our Laboratory Service Center at:

(877)KIDZ-LAB or (877) 543-9522

or via email at **askcpm@chla.usc.edu**

Visit our website at:

CHLA.org/CPM.